



Effective 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known	
FEE TRANSMITTAL For FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/069,100
		Filing Date	August 10, 2000
		First Named Inventor	Martin P. Usher et al.
		Art Unit	2617
		Examiner Name	Kiet M. Doan
TOTAL AMOUNT OF PAYMENT	\$620.00	Attorney Docket Number	11696.0054

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 19-4293 Deposit Account Name: Step toe & Johnson LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments	<input checked="" type="checkbox"/> Credit any overpayments
of fee(s) under 37 CFR 1.16 and 1.17	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
0 -20 or HP+		0	x 50	= \$00.00			
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			180.00
0 -3 or HP+		0	x 200	= \$00.00			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	0	0		\$250	\$0		
(round up to a whole number)							
4. OTHER FEE(S) NOTICE OF APPEAL and 1 MONTH EXTENSION OF TIME							
						Fees Paid (\$)	\$620.00

SUBMITTED BY		Registration No. 36,175		Telephone (202) 429-3000	
Signature					
Name (Print/Type)	Scott D. Watkins	Date 10/18/06			